
AUTHORIZED REPRESENTATIVE FORM

Acknowledgement of Receipt of Notice of Privacy Practices

_____, a patient of Abundant Dental Care, has verbally granted permission for another individual to act as an Authorized Representative on his/her behalf during dental visits and/or treatment. As such, the patient states he/she understands he/she is granting permission for said Representative to sign on his/her behalf, any required documents or forms; including but not limited to consent forms, statements of understanding, informational sheets, etc.

The patient further understands assigning an Authorized Representative does not release him/her from any consents, permissions or understandings outlined in any all paperwork read, reviewed or signed by the Authorized Representative.

Authorized Representative Name

Phone Number

Relationship to Patient

Dental Office Use Only

_____, an employee of Abundant Dental Care, spoke to the patient mentioned above and was informed of his/her desire to assign an Authorized Representative during his/her dental visit and/or treatment. The Authorized Representative indicated above is the name of the person said patient indicated as his/her choice of representation.

Signature of Witness

Date